

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010637

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 1 1963

| | | | |
|--|--|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff | | c. CITY OR TOWN Poplar Bluff | |
| c. FULL NAME OF (If NOT in hospital; give location) HOSPITAL OR INSTITUTION Poplar Bluff Hospital | | d. STREET ADDRESS (If outside, give location) 816 Victor St. | |
| 3. NAME OF DECEASED (Type or print) First Middle Last CORA KATHERENE McGOWEN | | 4. DATE OF DEATH Month Day Year March 13, 1963 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-16-1888 |
| 9. AGE (last birthday) 75 | | 10. IF UNDER 1 YEAR Months Days Hours Min. 1 27 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | |
| 11. BIRTHPLACE (City and state or country) Johnson County, Ill. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME John Sharp | | 13b. MOTHER'S MAIDEN NAME Martha Reed | |
| 14. NAME OF HUSBAND OR WIFE Alta McGowen | | 15. ADDRESS 816 Victor St. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. Mr. Alta McGowen Poplar Bluff, Missouri | |
| 17. INFORMANT Mr. Alta McGowen Poplar Bluff, Missouri | | 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: - DUE TO (b) Intestinal obstruction DUE TO (c) 8 days | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from March 9, 1963 to March 13, 1963 and last saw her alive on March 13, 1963 Death occurred at 5:20 P M on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Russell Ermer | | 22b. ADDRESS Poplar Bluff, Missouri | |
| 22c. DATE SIGNED Mar. 22, 63 | | 23. NAME OF CEMETERY OR CREMATORY Memorial Garden Cemetery | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 3-16-63 | |
| 23c. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri | | 24. FUNERAL DIRECTOR Russell Ermer Corning, Arkansas | |
| 25. DATE RECD. BY LOCAL REG. 3/29/63 | | 26. REGISTRAR'S SIGNATURE William Graham | |

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

APR 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Richard O. Emert

Licensed Embalmer No.

782

P. O. Address

Corning, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.